


PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 13, 2004.


Signature

Appl No. : 10/750,501 Confirmation No. N/A
Applicant : Mark S. Scheib, et al.
Filed : December 31, 2003
Title : CATHETER HAVING CIRCULAR ABLATION ASSEMBLY

TC/A.U. : Not Yet Assigned
Examiner : Not Yet Assigned

Docket No. : 51644/LES/W112
Customer No. : 23363

PRELIMINARY AMENDMENT

Commissioner for Patents Post Office Box 7068
P.O. Box 1450 Pasadena, CA 91109-7068
Alexandria, VA 22313-1450 April 13, 2004

Commissioner:

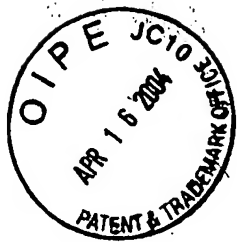
Prior to examination of this application, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

04/19/2004 EAREGAY1 00000061 10750501

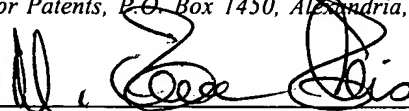
01 FC:1201 86.00 OP
02 FC:1202 108.00 OP



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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**

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M. Ena Ellis

Applicant : Mark S. Scheib, et al.
Application No. : 10/750,501
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Title : CATHETER HAVING CIRCULAR ABLATION ASSEMBLY

Grp./Div. : Not Yet Assigned
Examiner : Not Yet Assigned

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
April 13, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	27	*21	6	x \$9.00	6 x \$18.00	108.00
Independent Claims	4	** 3	1	x \$43.00	1 x \$86.00	86.00
Multiple Dependent Claims ***				\$145.00	\$290.00	
TOTAL FILING FEE						194.00
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					
LIST INDEPENDENT CLAIMS: 1, 13, 22 and 25						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

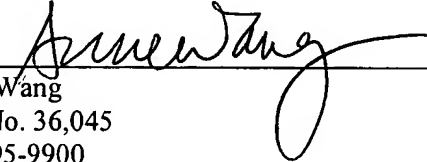
X _____ Attached is our check for \$194.00 to pay the fees calculated above.
_____ A Petition for Extension of Time and the required fee are enclosed.
_____ Other enclosures:

Amendment Transmittal Letter
Application No. 10/750,501

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 
Anne Wang
Reg. No. 36,045
626/795-9900

AW/mee

MEE PAS560412.1-* -04/12/04 7:38 PM